ENTRY BLANK—PLEASE TYPE OR PRINT								
Ms./Artist EMILY D. CHRISTOFF								
Permanent 489 SUMNER ST#1, AKRON								
Street City 44304-1771 Daytime Tel. 216)535-0970 Zip area								
Temporary or Studio Address Street City								
Daytime Tel. ()								
Zip area								
If you do not presently live in one of the counties of the Western Reserve, in which county where you born?								
Collaborator (if any)								
If May Show entries are not accepted or are not sold: Artist will pick up at Museum. Museum should dispose of. Museum should ship to artist at artist's expense:								
Street								
City State Zip								
Special Instructions								
Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.								
When necessary, include instructions or a drawing for assembling and displaying an object.								
Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 31, 1987.								
The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.								
Μ'								
I have received the unsold/unaccepted object(s) in good condition.								
Signature								

ENTRY BLANKS

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	A □ Paintings □ Grap □ Sculpture □ Crafts							
	Materials used (media): MCDONALD RETOUCH LACQUER W							
	PRISMACOLOR PENCILS							
	CANADIAN LANDSCAPE#1							
Detach entire portion along dotted line and submit with slides, but retain tags	Price or NFS		Insurance Value if NFS Only			Size !! 1 1 2 4 4 4 1 height x width x depth		
	GRAPHICS AND PHOTOGRAPHY ONLY							
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submit w	NOT ACCEPTED X					NOT ACCEPTED		
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